



GREEN PASTURES CHRISTIAN SCHOOL

Dr. Collette L. Gunby, President

Student Information Form

Current Year Start Date

New Enrollment

Re-Enrollment

Initial Enrollment Date: _____ Withdrawal Date: _____ Graduation Date: _____

Student's Name: _____ Gender: Male Female

Student's Address: _____

Student's Social Security No: _____ Date of Birth _____

If parents are separated or divorced, with whom does the child live? _____

FATHER'S NAME: _____ Home No: _____

Home Address: _____ E-Mail _____

City: _____ State: _____ Zip Code: _____

Place of Employment: _____ Position/Dept. _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Work No: _____ Ext. _____ Cell No: _____

MOTHER'S NAME: _____ Home No: _____

Home Address: _____ E-Mail _____

City: _____ State: _____ Zip Code: _____

Place of Employment: _____ Position/Dept. _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Work No: _____ Ext. _____ Cell No: _____